

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51				2		
2				1			52				2		
3							53				2		
4							54				2		
5							55				1		
6							56				1		
7							57				1		
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45							95						
46							96						
47							97						
48							98						
49							99						
50				2			100						
TOTAL IND.							TOTAL IND.			5			
TOTAL DEP.							TOTAL DEP.			56			
TOTAL CLAIMS							TOTAL CLAIMS			61			